TAXPAYER'S COPY

Form **990** Department of the Treasury Internal Revenue Service

Return of Organization Exempt from Income Tax

Under section 501(c) (except private foundation), 501(e) or (f) of the Internal Revenue Code

1979

For the calendar year 1979, or fiscal year beginning MAY 1, 1979, and ending APRIL 30, 1980

Use IRS label. Otherwise, please print or type.

Name of organization: POINT FOUNDATION

Address (number and street): P.O. BOX 428

City or town, State, and ZIP code: SAUSALITO, CA 94965

A Employer identification number (see instructions): 94 : 2147154

B If exemption application is pending check here ▶

C If address changed check here ▶

D Check applicable box—Exempt under section ▶ [X] 501(c) (3) (insert number), [ ] 501(e) OR [ ] 501(f).

E Is this a group return (see instruction K) filed for affiliates? [ ] Yes [X] No
Is this a separate return filed by a group affiliate? [ ] Yes [X] No

If "Yes" to either, give four-digit group exemption number (GEN) ▶

NOTE: [ ] Check here if gross receipts are normally not more than $10,000 (see instruction T) and do not complete the rest of this return (see instruction C.)

[X] Check here if gross receipts are normally more than $10,000 and line 12 is $25,000 or less. Complete Parts I, II, IV, and VI and only the shaded items in Parts III and V (see instruction D). If line 12 is more than $25,000 you must complete the entire return.

All section 501(c)(3) organizations must also complete Schedule A (Form 990) and attach it to this return.

Part I Analysis of Revenue, Expenses and Fund Balances

			Total	These columns are strictly optional—see instructions: Restricted/ Nonexpendable	Unrestricted/ Expendable
Revenue	1 Contributions, gifts, grants and similar amounts received:				
	(a) Directly from the public				
	(b) Through professional fundraisers				
	(c) As allotments from fundraising organizations	29,961			
	(d) As government grants				
	(e) Other				
	(f) Total (add lines 1(a) through 1(e)) (attach schedule—see instructions)		29,961		
	2 Membership dues and assessments				
	3 Interest		6,822		
	4 Dividends				
	5 (a) Gross rents				
	(b) Minus: Rental expenses				
	(c) Net rental income				
	6 Royalties				
	7 (a) Gross amount received from sale of assets other than inventory	1,000			
	(b) Minus: Cost or other basis and sales expenses	Ø			
	(c) Net gain/loss (attach schedule) SCHEDULE B		1,000		
	8 Special fundraising events and activities (itemize):				

Type of event	Receipts	Expenses

			Total	Restricted/ Nonexpendable	Unrestricted/ Expendable
	(a) Total receipts				
	(b) Total expenses				
	(c) Net income (line 8(a) minus line 8(b))				
	9 (a) Gross sales minus returns and allowances	488,477			
	(b) Minus: Cost of goods sold (attach schedule) SCHEDULE C	517,961			
	(c) Gross profit (loss)		(29,484)		
	10 Program service revenue (from Part II, line (f))				
	11 Other revenue (from Part II, line (g))		(4,161)		
	12 Total revenue (add lines 1(f), 2, 3, 4, 5(c), 6, 7(c), 8(c), 9(c), 10 and 11)		4,138		
Expenses	13 Fundraising (from line 40(B))				
	14 Program services (from line 40(C))		9,715		
	15 Management and general (from line 40(D))		17,768		
	16 Total expenses (from line 40(A))		27,483		
Fund Balances	17 Excess (deficit) for the year (subtract line 16 from line 12)		(23,345)		
	18 Fund balances or net worth, beginning of year (from line 65(A))		(38,380)		
	19 Other changes in fund balances or net worth (attach explanation)				
	20 Fund balances or net worth, end of year (add lines 17, 18 and 19)		(61,725)		

Part II Program Service Revenue and Other Revenue (State Nature)

		Program service revenue	Other revenue
(a)	OTHER INCOME		26
(b)	UNREALIZED LOSS ON SECURITIES		<487>
(c)			
(d)			
(e)			
(f)	Total program service revenue (Enter here and on line 10)		
(g)	Total other revenue (Enter here and on line 11)		<461>

Part III Allocation of Expenses by Function

NOTE: If line 12, Part I is $25,000 or less you should complete only the line items for columns (A) and (B), Part III. If line 12 is more than $25,000 you must complete columns (A), (B), (C), and (D).

Note: *Do not include amounts reported on line 5(b), 7(b), 8(b) or 9(b) of Part I.*	(A) Total	(B) Fundraising	(C) Program services	(D) Management and general
Expenses				
21 Contributions, gifts, grants and similar amounts awarded (attach schedule) schedule D	9715		9715	
22 Benefits disbursed to or for members				
23 Compensation of officers, directors and trustees				
24 Other salaries and wages				
25 Pension plan contributions				
26 Other employee benefits				
27 Payroll taxes				
28 Fees for fundraising				
29 Other professional services	13331			13331
30 Interest	448			448
31 Occupancy				
32 Rental and maintenance of equipment				
33 Printing and postage				
34 Telephone				
35 Supplies				
36 Travel				
37 Other expenses (itemize):				
TAX & LICENSE	988			988
INSURANCE	2313			2313
COPYRIGHT EXPENSE	40			40
38 Total expenses before depreciation (add lines 21 through 37)	26835		9715	17120
39 Depreciation, depletion, etc.	648			648
40 Grand total (add lines 38 and 39). Enter here and on lines 13 through 15	27483		9715	17768

Part IV List of Officers, Directors and Trustees (See Instructions)

(A) Name and address	(B) Title and time devoted to position	(C) Compensation	(D) Contributions to employee benefit plans	(E) Expense account and other allowances
STEWART BRAND BOX 428 SAUSALITO CA 94965	PRESIDENT FULL TIME	$3000 for literary Royalties		
ANDREA SHARP BOX 428 SAUSALITO CA 94965	TREASURER FULL TIME	$13,485		

Part V **Balance Sheet** NOTE: If line 12, Part I is $25,000 or less you should complete only lines 53 and 60 and, if you do not use fund accounting, line 64. If line 12 is more than $25,000 you must complete the entire balance sheet.

Assets	(A) Beginning of tax year	(B) End of tax year
41 Cash:		
(a) Savings and interest-bearing accounts	21878	26148
(b) Other	75537	10400
42 Accounts receivable ▶ 38243 minus allowance for doubtful accounts ▶ 0	50645	38243
43 (a) Notes receivable (attach schedule) ▶ minus allowance for doubtful accounts ▶		
(b) Loans to officers, directors and trustees (attach schedule)		
44 Inventories . . BOOK, MAGAZINES & PAMPHLETS	64909	77856
45 Government obligations:		
(a) U.S. and instrumentalities		
(b) State and its subdivisions		
46 Investments in nongovernmental bonds, etc. (attach schedule) . . schedule E	23562	19375
47 Investments in corporate stocks (attach schedule) . . . . . schedule E	2956	2956
48 Mortgage loans (number of loans ▶)		
49 Other investments (attach schedule)		
50 Depreciable (depletable) assets (attach schedule): SCHEDULE G		
(a) Beginning assets ▶ 3146 minus accumulated depreciation ▶ 2022	1124	
(b) Ending assets ▶ 14063 minus accumulated depreciation ▶ 2669		11394
51 Land		
52 Other assets (attach schedule) . . DEFERRED CHARGES	100	2088
53 Total assets	240,811	188460
Liabilities		
54 Accounts payable	32035	488
55 Contributions, gifts, grants, etc., payable		
56 Bonds and notes payable (attach schedule)		
57 ~~Mortgages payable~~ SUBSCRIPTION ADVANCES		
58 Loans from officers, directors and trustees (attach schedule)		
59 Other liabilities (attach schedule) . . . . . SCHEDULE F	247,156	249,697
60 Total liabilities	279,191	250185

Fund Balances and Net Worth

Note: *You must complete this section of the balance sheet based on the method of accounting you normally use. Please check either "Fund Accounting" or "All Others" and provide the information requested under the method you have checked.*

Fund Accounting	All Others	(A) Beginning of tax year	(B) End of tax year
Check here ▶ ☑	Check here ▶ ☐		
61 Current funds:			
(a) Unrestricted		<38380>	<61725>
(b) Restricted			
62 Land, buildings and equipment	Capital stock or trust principal		
63 Endowment and similar funds	Paid-in or capital surplus		
64 Other	Retained earnings or accumulated income		
65 Total fund balances	Total net worth	<38380>	<61725>
66 Total liabilities and fund balances/net worth		240811	188460

Part VI Statements Regarding Certain Activities

	Expenses	Yes	No
67 Describe each significant program service activity and indicate the total expenses paid or incurred in connection with each:			
(a) Publication of Whole Earth Catalog + Epilog	45,759		
(b) Publication of Co-Evolution Quarterly	293,277		
(c)			
(d)			
68 Have you engaged in any activities not previously reported to the Internal Revenue Service? If "Yes," attach a detailed description of such activities.			X
69 Have any changes not previously reported to the Internal Revenue Service been made in your organizing or governing documents? If "Yes," attach a conformed copy of the changes.			X
70 (a) Did you have unrelated business gross income of $1,000 or more during the year covered by this return?			X
(b) Have you filed a tax return on Form 990–T, Exempt Organization Business Income Tax Return, for this year?			X
(c) If you have gross sales or receipts from business activities not reported on Form 990–T, attach a statement explaining your reason for not reporting them on Form 990–T.			
71 Was there a liquidation, dissolution, termination, or substantial contraction during the year (see instructions)? If "Yes," attach a schedule of the dispositions for the year showing type of assets disposed of, the dates disposed, the cost or other basis, the fair market value on dates of disposition and the names and addresses of the recipients of the assets distributed.			X
72 Are you related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization (see instructions)? If "Yes," enter the name of organization ▶ ..... and check whether it is ☐ exempt OR ☐ nonexempt.			X
73 (a) Enter amount expended, if any, directly or indirectly for section 527(e)(2) political purposes	NONE		
(b) Did you file Form 1120–POL, U.S. Income Tax Return of Certain Political Organizations, for this year?			X
74 Did your organization receive donated services or the use of facilities or equipment at no charge or at substantially less than fair rental value? If "Yes," you may, if you choose, indicate the value of such services or usage here. Do not include this amount elsewhere on this return ▶			X
The following statements should be completed ONLY by the organizations indicated. NA			
75 *Section 501(c)(5) or (6) organizations.*—Did you expend any amounts in connection with any attempt to influence the general public, or segments thereof, with respect to legislative matters or referendums (see instructions and section 1.162–20(c) of the Income Tax Regs.)? If "Yes," enter the total amount expended for this purpose			
76 *Section 501(c)(7) organizations.*—Enter amount of:			
(a) Initiation fees and capital contributions included on line 12			
(b) Gross receipts from general public from use of club facilities included in line 12 (see instructions)			
(c) Does your governing instrument or any written policy statement provide for discrimination against any person because of race, color or religion?			
77 *Section 501(c)(12) organizations.*—Enter:			
(a) The total amount of gross income received from members or shareholders			
(b) The total amount of gross income received from other sources (do not net amounts due or paid to other sources against amounts due or received from them)			
78 *Public interest law firms.*—Attach information required by specific instruction for line 78.			
79 The books are in care of ▶ ..... Telephone No. ▶ ..... Located at ▶			

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

▶ Signature of officer Date ▶ Title

Paid Preparer's Information

Preparer's signature and date ▶ 492-50-6760

Firm's name (or yours, if self-employed) and address ▶ HOFFMAN, HANCOCK & CO. 20380 Town Center Ln. Ste. 252 Cupertino, CA 95014

Check if self-employed ▶ ☐ 94-2528510

ZIP code ▶

SCHEDULE A
(Form 990)
Department of the Treasury
Internal Revenue Service

Organization Exempt Under 501(c)(3)

(Except Private Foundation) Supplementary Information

► Attach to Form 990.

1979

Name: POINT FOUNDATION

Employer identification number: 941 2147154

Part I Compensation of Five Highest Paid Employees (Other than Officers, Directors, and Trustees—see page 1 of instructions) NA

Name and address of employees paid more than $30,000	Title and time devoted to position	Compensation	Contributions to employee benefit plans	Expense account and other allowances
Total number of other employees paid over $30,000 ►				

Part II Five Highest Paid Persons for Professional Services (See page 1 of instructions) NA

Name and address of persons paid more than $30,000	Type of service	Compensation
Total number of others receiving over $30,000 for professional services ►		

Part III

	Yes	No
1 During the year have you attempted to influence any national, State or local legislation, or participated or intervened in any political campaign? (An organization that has made an election on Form 5768 or other statement, check "Yes" and complete Part VI of this form.)		X
Other organizations checking "Yes" must attach a statement giving a detailed description of such activities and a classified schedule of the expenses paid or incurred. Enter the total of the expenses here ► $		
Also, attach copies of any materials published or distributed by the organization in connection with such activities.		
2 During the year have you, either directly or indirectly, engaged in any of the following acts with a trustee, director, principal officer or creator of your organization, or any organization or corporation with which such person is affiliated:		
(a) Sale, exchange, or leasing of property?		X
(b) Lending of money or other extension of credit?		X
(c) Furnishing of goods, services, or facilities?		X
(d) Payment of compensation (or payment or reimbursement of expenses if in excess of $1,000)?	X	
(e) Transfer of any part of your income or assets?		X
If the answer to any question is "Yes," attach a detailed statement explaining the transaction(s).		
3 Attach a statement explaining how you determine that individuals or organizations receiving disbursements from you, in furtherance of your exempt programs, are qualifying recipients (See instructions for Part III.)		
4 Do you make grants for scholarships, fellowships, student loans, etc.?		X

Part IV Reason for Non-Private Foundation Status (See instructions for definitions)

The organization is not a private foundation because it is (check applicable block number below, please select only ONE block):

1 ☐ A church. Section 170(b)(1)(A)(i).

2 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 3.)

3 ☐ A hospital. Section 170(b)(1)(A)(iii).

4 ☐ A governmental unit. Section 170(b)(1)(A)(v).

5 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter name and address of hospital ►

6 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv).

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi).

8 ☐ An organization that normally receives: (a) no more than ⅓ of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975, and (b) more than ⅓ of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions. Section 509(a)(2). (See page 3 of instructions for method of accounting.)

9 ☐ An organization operated solely for the benefit of and in connection with one or more organizations described in Blocks 1 through 8 above (or for the benefit of one or more organizations described in section 501(c)(4), (5), or (6) otherwise meeting the test of section 509(a)(2)) that is not controlled by any disqualified persons (other than foundation managers). Section 509(a)(3).

Provide the following information for the beneficiary or supported organizations. (See instructions for Part IV, Block 9.)

(a) Name of supported organizations	(b) Block number from above

(c) Relationship to your organization:

(1) Check here ► ☐ if the supported organizations appoint a majority of your governing board.

(2) Check here ► ☐ if the supported organizations have a majority of your governing board as members of their governing boards.

(3) Check here ► ☐ if (1) or (2) above does not apply. (For organizations "operated in connection with," see Regulation 1.509(a)–4.)

(d) If applicable, enter the number of beneficiary or supported organizations exempt under:

(1) Section 501(c)(4) . . . . . .

(2) Section 501(c)(5) . . . . . .

(3) Section 501(c)(6) . . . . . .

(e) Check here ► ☐ if your organization's sole or primary function is to provide funds to the beneficiary or supported organizations.

10 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 3 of instructions.)

Support Schedule (Complete only if block 6, 7 or 8, page 2, is checked)

Calendar year (or fiscal year beginning in) ►	(a) 1978	(b) 1977	(c) 1976	(d) 1975	(e) Total
11 Gifts, grants and contributions received. (Do not include unusual grants. See line 24 below)	15738	37485	31692	6994	91909
12 Membership fees received . . .					
13 Gross receipts from admissions, sales of merchandise, performance of services, or furnishing of facilities in any activity which is not an unrelated business within the meaning of section 513	453,617	417,751	323,566	196,087	1391021
14 Gross income from interest, dividends, rents, royalties, and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975	4902	5959	1428	2763	15052
15 Net income from unrelated business activities not included in line 14 . .					

Part IV Support Schedule (Complete only if block 6, 7 or 8, page 2, is checked) (continued)

Calendar year (or fiscal year beginning in) ▶	(a) 1978	(b) 1977	(c) 1976	(d) 1975	(e) Total
16 Tax revenues levied for your benefit and either paid to you or expended on your behalf					
17 The value of services or facilities furnished by a governmental unit to you without charge (do not include the value of services or facilities generally furnished to the public without charge)					
18 Other income (do not include gain or (loss) from sale of capital assets)—attach schedule REIMBURSEMENT	1575	507	5722		7804
19 Total of lines 11 through 18	475832	461702	362408	205844	1505786
20 Line 19 minus line 13	22215	43951	38842	9757	114765
21 Enter 1% of line 19	4758	4617	3624	2058	

22 Organizations described in blocks 6 or 7, page 2:

(a) Enter 2% of amount in column (e), line 20 2295

(b) Attach a list showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for the above four-year period exceeded the amount shown in (a) above. Enter the sum of all excess amounts here . BRANAD 25,000 ; TIDES 5000 . . . 25410

23 Organizations described in block 8, page 2:

(a) Attach a list, for amounts shown on lines 11, 12, and 13, showing the name of, and total amounts received in each year from, each person who is a "disqualified person," and enter the sum of such amounts for each year:

(1)..... (2)..... (3)..... (4).....

(b) Attach a list showing the name and amount included in line 13 for each person (other than a "disqualified person"), but only if the amount for each year exceeds the greater of the amounts on line 21 for each year, or $5,000. The term "person" includes a bureau or agency of a governmental unit, and each person described in section 170(b)(1)(A)(i) through (vi). Enter the sum of such excess amounts for each year:

(1) (2) (3) (4)

24 Organizations described in Blocks 6, 7, and 8, page 2, that have received any unusual grants during any of the above tax years, attach a list for each year showing the name of the contributor, the date and amount of grant, and a brief description of the nature of such grant. Do not include such grants in line 11 above. (See page 3 of instructions.)

Part V To Be Completed ONLY by Schools that Checked Block 2 in Part IV NA

	Yes	No
1 Do you have a racially nondiscriminatory policy as to students by statement in your charter, bylaws, other governing instrument, or in a resolution of your governing body?		
2 Do you include a statement of your racially nondiscriminatory policy as to students in all your brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
3 Have you publicized your racially nondiscriminatory policy by newspaper or broadcast media during the period of solicitation for students or, in the absence of such solicitation program, during the registration period in a manner that makes such policy known to all segments of the general community you serve?		
If "Yes," please describe, if "No," please explain. (If more space is needed attach a separate statement.)		
4 Do you maintain the following:		
(a) Records indicating the racial composition of the student body, faculty, and administrative staff?		
(b) Records sufficient to document that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? (See instructions.)		
(c) Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
(d) Copies of all material used by you or on your behalf to solicit contributions?		
If you answered "No," to any of the above, please explain. (If more space is needed attach a separate statement.)		

POINT FOUNDATION
94-2147154
4-30-80

	Initials	Date
Prepared By		
Approved By		

SCHEDULE B

IBM TYPWRITER	COST	$ 683
ACCUMULATED DEP		683
BOOK VALUE AT	1-18-80	-0-
PROCEEDS FROM	SALE	1000
BOOK VALUE		-0-
GAIN ON SALE		$ 1000

4804 (84804) — Buff
8804 (88804) — Green
Made in U.S.A.

POINT FOUNDATION
94 - 2147154
4-30-79

	Initials	Date
Prepared By		
Approved By		

SCHEDULE C

TOTAL COST OF SALES (Schedule A)		$339036
TOTAL OPERATING EXPENSES (Schedule A)		178925
TOTAL COST OF SALES		$517961

4804 (84804) — Buff
8804 (88804) — Green

Made in U.S.A.

POINT FOUNDATION
94-2147154
4-30-80

	Initials	Date
Prepared By		
Approved By		

	1	2	3	4
	SCHEDULE	D		TYPE OF GRANT
PLANETREE		6250		GENERAL
PACIFIC HEALTH		750		GENERAL
OTHER		200		GENERAL
KATHLEEN O'NEAL		1265		GENERAL
AUGIE THIERIOT		1250		GENERAL
CONTRIBUTIONS & GRANTS		9715		

4804 (84804) — Buff
8804 (88804) — Green

Made in U.S.A.

SCHEDULE E ID # 94-2147154

POINT FOUNDATION

INVESTMENTS

4-30-80

NOTE 3 INVESTMENTS

	COST	RESERVE FOR LOSSES	VALUE
STOCK			
1) 30,000 shares - Zome Works Corp.	$ 30,000	$ 27,045	$ 2,955
2) TvTv Stock	10,000	9,999	1
	40,000	37,044	2,956
OTHER SECURITIES			
3) Pacific Gas & Electric Debentures, 9 3/8s, 11-RG-78A	25,000	5,625	19,375
TOTAL INVESTMENTS	$ 65,000	$ 42,669	$ 22,331

1) Book Value as of October 31, 1978
2) Considered worthless as of March 31, 1976
3) Market Value as of April 30, 1980

SEE ACCOMPANYING ACCOUNTANTS' COMPILATION REPORT

POINT FOUNDATION
94-2147154
4-30-80

	Initials	Date
Prepared By		
Approved By		

SCHEDULE F

PAYROLL TAXES PAYABLE	$	3915
EQUIPMENT CONTRACT PAYABLE		9802
SUBSCRIPTION ADVANCES		235980
TOTAL OTHER LIABILITIES	$	249697

4804 (84804) — Buff
8804 (88804) — Green

SCHEDULE G. ID# 94-2147154

upplemental Depreciation

STATEMENT SD 5

earEND 4-30-79

Name POINT FOUNDATION

SS # 94-2147154

Supplement to _____ Page 1 of 1

No.	DESCRIPTION OF PROPERTY	Date Acquired	INV. CR. ✓	Cost or Other Basis (Less Land)	ADJUSTMENTS TO BASIS: Spec. 20% (8 or more life yrs.)	ADJUSTMENTS TO BASIS: Salvage Only	Depreciable Basis	Prior Depreciation	Remaining Cost	*Method	Life in Years	Rate	Depreciation This Year
	FURN + EQUIP												
	FURNITURE	1-1-72		1200			1200	1200	Ø	1	5		
	MOVIE PROJECTOR	2-28-73		618			618	618	Ø	1	5		
	OLIVETTI TYPEWRITER	7-31-77		327			327	116	211	1	5		15
	IBM TYPEWRITER	10-30-77		318			318	87	231	1	5		64
	IBM COMPOSER	10-31-79		10160			10160	—	10160	1	10		508
	TYPWRITER	4-1-80		400			400	—	400	1	5		3
				13023			13023	2021	11002				640
	CAMERA EQUIP												
	CAMERA BODY	4-1-80		525	x		525	—	525	1	10		4
	CAMERA LENS	4-1-80		515	x		515	—	515	1	10		4
				1040			1040						8
	TOTALS			14063			14063	2021	12042				648

*METHOD CODE
1 - STRAIGHT LINE
2 - 200% DECLINING BALANCE
3 - 150% DECLINING BALANCE
4 - 125% DECLINING BALANCE
5 - SUM OF THE YEARS-DIGITS
6 - OTHER

Add 20% additional depreciation on items purchased THIS year (Not to exceed $2000 and $4000 limitation)

TOTAL DEPRECIATION THIS YEAR 648